

**POLK COUNTY HEALTH DEPARTMENT**

1907 Carpenter Ave, Des Moines, IA 50314

NPI Number: 1588674675

- Aimee Abben, PA
- Carlos Alarcon, M.D.
- Other \_\_\_\_\_

**X**

Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

|                                   |                                   |              |
|-----------------------------------|-----------------------------------|--------------|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Hardship | Chart# _____ |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> VFC      |              |
| <input type="checkbox"/> Wellmark | <input type="checkbox"/> Donation |              |
|                                   |                                   | Copay _____  |

City/State/Zip: \_\_\_\_\_

| Preventive/Physical Diagnosis                |                                |                          | Immunization Admin.                                | Fee        | Immunizations              | DX     | CPT   |
|--|--------------------------------|--------------------------|--|------------|----------------------------|--------|-------|
| Routine Health Check                         | <input type="checkbox"/> V20.2 |                          | Immun. Admin                                       |            | D TAP (Daptacel)           | V06.1  | 90700 |
| School/Sports                                | <input type="checkbox"/> V70.3 |                          | single <input type="checkbox"/> 90471              | 25         | DT                         | V06.5  | 90702 |
| Employment                                   | <input type="checkbox"/> V70.5 |                          | <b>DX:</b> _____                                   |            | Dtap-IPV-HepB-Pediarix     | V06.3  | 90723 |
| Other  | <input type="checkbox"/>       |                          | Immun. Admin                                       |            | Dtap-IPV-Hib-Pentacel      | V06.8  | 90698 |
| <b>Preventive Care- Child</b>                | <b>New</b>                     | <b>Fee</b>               | Each Addtl. <input type="checkbox"/> 90472         |            | Dtap-IPV-Kinrix            | V06.3  | 90696 |
| Well Child<1yr                               | <input type="checkbox"/> 99381 | 20                       | x _____  | 10         | Hib-ActHib                 | V03.81 | 90648 |
| Well Child 1-4 yr                            | <input type="checkbox"/> 99382 | 20                       | <b>DX:</b> _____                                   |            | Hib-Pedvax                 | V03.81 | 90647 |
| Well Child 5-11 yr                           | <input type="checkbox"/> 99383 | 20                       | Immune Admin                                       |            | Hib-HepB-Comvax            | V06.8  | 90748 |
| Well Child 12-17 yr                          | <input type="checkbox"/> 99384 | 20                       | oral/intranasal <input type="checkbox"/> 90473     | 25         | HPV-Gardisil - each        | V05.8  | 90649 |
| <b>Preventive Care-Child</b>                 | <b>Established</b>             | <b>Fee</b>               | <b>DX:</b> _____                                   |            | Hep A Adult -each          | V05.3  | 90632 |
| Well Child<1yr                               | <input type="checkbox"/> 99391 | 20                       | <b>Oral Screens</b>                                |            | Hep A Peds                 | V05.3  | 90633 |
| Well Child 1-4 yr                            | <input type="checkbox"/> 99392 | 20                       | Initial Oral Screen <input type="checkbox"/> D0150 | N/C        | Hep A/B (Twinrix) -each    | V05.3  | 90636 |
| Well Child 5-11 yr                           | <input type="checkbox"/> 99393 | 20                       | <b>DX:</b> _____                                   |            | Hep B -each                | V05.3  | 90746 |
| Well Child 12-17 yr                          | <input type="checkbox"/> 99394 | 20                       |  |            | Hep B Peds                 | V02.61 | 90744 |
| <b>Preventive Care-Adult</b>                 |                                | <b>Fee</b>               | Periodic Oral Scr. <input type="checkbox"/> D0120  | N/C        | Hep A (GRANT)              |        |       |
| Well Adult 18-39 yr                          | <input type="checkbox"/> 99385 | 30                       | <b>DX:</b> _____                                   |            | Hep B (GRANT)              |        |       |
| Well Adult 40-64 yr                          | <input type="checkbox"/> 99386 | 30                       |  |            | Twinrix (GRANT)            |        |       |
| Well Adult 65+ yr                            | <input type="checkbox"/> 99387 | 30                       | Topical Fluoride D1206                             | 5          | Influenza 6-35m            | V04.81 | 90657 |
|  |                                |                          | Varnish <input type="checkbox"/>                   |            | Influenza 6-35m no pres.   | V04.81 | 90655 |
| <b>Family Planning</b>                       |                                | <b>Fee</b>               | <b>DX:</b> _____                                   |            | Influenza 3+ years         | V04.81 | 90658 |
| Pap Smear                                    | <input type="checkbox"/>       | 20                       |  |            | Influenza Nasal Mist       | V04.81 | 90660 |
| Depo Provera Shot                            | <input type="checkbox"/>       | 30                       | <b>Pregnancy Testing</b>                           |            | Japan. Enceph. -each       | V05.0  | 90738 |
| OCP (pills/month)                            | <input type="checkbox"/>       | 20                       | Pregnancy test <input type="checkbox"/> 81025      | 10         | Malaria Prescription       |        | N/C   |
| Ortho Evra (patch/month)                     | <input type="checkbox"/>       | 60                       | <b>Preg. DX :</b>                                  |            | Meningitis - Menactra      | V03.89 | 90734 |
| Plan B                                       | <input type="checkbox"/>       | 37                       | Positive <input type="checkbox"/> V72.42           |            | Meningitis-Menamune        | V03.9  | 90733 |
|  |                                |                          | Negative <input type="checkbox"/> V72.41           |            | MMR                        | V06.4  | 90707 |
| <b>Miscellaneous</b>                         |                                | <b>Fee</b>               | Amenorrhoea <input type="checkbox"/> 626.0         |            | MMRV                       | V06.8  | 90710 |
| Out of county STD                            | <input type="checkbox"/>       | 15                       | <b>No Charge Labs</b>                              |            | PCV 7 - Pevnar Peds        | V03.02 | 90669 |
| Radon Test Kit                               | <input type="checkbox"/>       | 6                        | Lead (0-6 yr)                                      | N/C        | Pneumonia                  | V03.82 | 90732 |
| Green Card Paperwork                         | <input type="checkbox"/>       | 10                       | Cholesterol <input type="checkbox"/>               | N/C        | Pneumovac <5 yr old        | V03.82 | 90732 |
| Urgent care office visit                     | <input type="checkbox"/>       | 10                       | Glucose <input type="checkbox"/>                   | N/C        | Polio IPV                  | V04.0  | 90713 |
| Chronic care office visit                    | <input type="checkbox"/>       | N/C                      |  |            | Rabies -each               | V04.5  | 90675 |
| Other  | <input type="checkbox"/>       |                          |  |            | Rotavirus-Rotqateq (3 ds.) | V04.89 | 90680 |
| Follow-up Appointment                        |                                |                          |  |            | Rotavirus-Rotatrix (2 ds.) | V04.89 | 90681 |
| <b>Labs</b>                                  | <b>DX</b>                      |                          | <b>CPT Code</b>                                    | <b>Fee</b> |                            |        |       |
| Lipid Panel                                  | V77.91                         | <input type="checkbox"/> | 80061  | 40         |                            |        |       |
| Drug Screen (Urine)                          | V70.4                          | <input type="checkbox"/> | 80101  | 35         |                            |        |       |
| Hepatitis B surf. Ab titer                   | V73.99                         | <input type="checkbox"/> | 86705  | 40         |                            |        |       |
| Hepatitis B Antigen blood                    | 573.1                          | <input type="checkbox"/> | 90746  | 15         |                            |        |       |
| Hepatitis C only                             | V73.99                         | <input type="checkbox"/> | 86803  | 20         |                            |        |       |
| Herpes 1 Antibody                            | V01.6                          | <input type="checkbox"/> | 86695  | 15         |                            |        |       |
| Herpes 2 Antibody                            | V01.6                          | <input type="checkbox"/> | 86696  | 15         |                            |        |       |
| Herpes 1/2 Antibody                          | V01.6                          | <input type="checkbox"/> | 87530  | 30         |                            |        |       |
| Herpes 2 Rapid                               | V01.6                          | <input type="checkbox"/> | 86696  | 15         |                            |        |       |
| HIV Rapid 1/2                                | V01.6                          | <input type="checkbox"/> | 86703  | 25         |                            |        |       |
| HIV Rapid 1/2 (Grant)                        |                                | <input type="checkbox"/> |  | N/C        |                            |        |       |
| Hep B (Grant)                                |                                | <input type="checkbox"/> |  | N/C        |                            |        |       |
| Hep C (Grant)                                |                                | <input type="checkbox"/> |  | N/C        |                            |        |       |
| Bill to: _____ Attention: _____              |                                |                          |  |            | Subtotal: _____            |        |       |
| (use only for billable employment physicals) |                                |                          |  |            | AI                         |        |       |
|  |                                |                          |  |            | IT                         |        |       |
|  |                                |                          |  |            | STD                        |        |       |
|  |                                |                          |  |            | SP OP                      |        |       |
|  |                                |                          |  |            | Amount Patient Paid: _____ |        |       |
|  |                                |                          |  |            | CI BCC                     |        |       |
|  |                                |                          |  |            | Cash Check                 |        |       |
|  |                                |                          |  |            | Lab Radon Kit              |        |       |
|  |                                |                          |  |            | Initials: _____            |        |       |
|  |                                |                          |  |            | Bill to Insurance: _____   |        |       |

